

PLACE MO BAR CODE LABEL HERE



MISSOURI INSURANCE TAXES FOR CALENDAR YEAR 2003  
DUE MARCH 1, 2004

**LIFE INSURANCE COMPANIES**

STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
P.O. BOX 690  
JEFFERSON CITY, MISSOURI 65102-0690

|                        |                             |                                                   |
|------------------------|-----------------------------|---------------------------------------------------|
| NAME OF COMPANY        |                             |                                                   |
| MAILING ADDRESS        |                             |                                                   |
| STATE OF INCORPORATION | NAIC NUMBER (GROUP-COMPANY) | IS YOUR COMPANY PART OF A HOLDING COMPANY SYSTEM? |

**INSTRUCTIONS**

RECEIPTS MUST ACCOMPANY the tax return on March 1st. When no receipt accompanies the tax return, SUCH AMOUNT WILL NOT BE ALLOWED as a credit against premium tax or will not be included in the total of the Missouri column of page 4. Send copies of the Certificate of Contribution for Missouri guaranty association assessments, paid billings for property tax, cancelled checks for registration fees, the Economic and Community Development approved applications for Neighborhood assistance credits, Infrastructure, Low Income Housing and New Business Facility credits, and other credits, occupational licenses and tax returns for municipal license fees, Missouri Insurance Department company invoices for examination fee credit. **If no receipts** accompany the tax return on March 1, AMOUNTS WILL BE DISALLOWED. To receive credit for the disallowed amounts you must send appropriate receipts to the Missouri Department of Insurance. Claims for refunds must be filed with the Director of the Department of Revenue per section 136.035 RSMo.

Tax returns are due March 1. **No authority** exists for granting any extension of time for filing return or for payment of tax. No authority exists for waiving the 25% of the prior year's tax due each quarter.

Missouri statutes require quarterly payment of premium, workers' compensation, and retaliatory taxes. The quarterly payments are required to be 25% of the prior year's tax. Quarterly payments will be due on March 1, June 1, September 1 and December 1, and a fifth reconciling payment will be made in the following year. You will receive a notice of assessment of 2004 quarterly tax from the Department of Revenue for these dates.

Be sure you have included your 9-digit NAIC number on the premium tax return and on all quarterly assessment forms.

The annual premium tax return may be mailed separately from the annual financial statement to P. O. Box 690, Jefferson City, MO 65102-0690. Only one copy of the tax return is needed; you do not need to file a copy with the Department of Revenue.

If you have any questions concerning your premium tax return, please telephone 573-526-4986 or 573-522-2563.

Claims for refund of overpayments of tax must be filed with the Department of Revenue pursuant to 136.035 RSMo.

**Checks should NOT be sent with the tax return. The March 1 quarterly payment for 2004 should be sent to the Missouri Department of Revenue, Post Office Box 898, Jefferson City, Missouri 65105-0898.**

**You will receive an invoice for the 2004 Annual Renewal fee approximately July 1st. Do NOT include this amount with your tax payment.**

|                   |                   |
|-------------------|-------------------|
| NAME OF PRESIDENT | NAME OF SECRETARY |
|-------------------|-------------------|

being duly sworn, on oath say that they are the PRESIDENT and the SECRETARY, respectively of the \_\_\_\_\_ and  
that the attached is a true, full and correct statement of Missouri direct premiums received during the year of 2003, and include all policies and premiums wherever written covering property and interest in the State of Missouri without deductions except as therein set forth and the amount of all taxes, license fees, assessments and all other obligations due and/or paid to the respective states, and of Missouri credits for the stated year.

|                        |                        |
|------------------------|------------------------|
| SIGNATURE OF PRESIDENT | SIGNATURE OF SECRETARY |
|------------------------|------------------------|

|                                                         |                                       |                               |
|---------------------------------------------------------|---------------------------------------|-------------------------------|
| NOTARY PUBLIC EMBOSSE OR<br>BLACK INK RUBBER STAMP SEAL | STATE OF                              | COUNTY (OR CITY OF ST. LOUIS) |
|                                                         | SUBSCRIBED AND SWORN BEFORE ME, THIS  |                               |
|                                                         | DAY OF                                | YEAR                          |
|                                                         | USE RUBBER STAMP IN CLEAR AREA BELOW. |                               |
|                                                         | NOTARY PUBLIC SIGNATURE               | MY COMMISSION EXPIRES         |
|                                                         | NOTARY PUBLIC NAME (TYPED OR PRINTED) |                               |

|                           |  |             |
|---------------------------|--|-------------|
| COMPANY NAME              |  | NAIC NO.    |
| TAX RETURN CONTACT PERSON |  | TELEPHONE # |

ATTACH a copy of your **Missouri Supplement to Page 30**, a copy of your **Missouri Page 30** and **Schedule T** of your Annual Statement to this return.

Report the amount of Missouri direct premiums received, either in cash or notes, or both, and report the amount of dividends allowed policyholders for the year ending December 31, 2003. Missouri does tax commission retained by agents. This must be included with your direct premiums written.

After January 1, 1987, Missouri no longer taxes annuities. The tax return includes a line to report the annuity considerations received by your company and another line to deduct this amount out of taxable premium. Companies who have a Flexible Premium Deferred Annuity account on which prior tax had been deferred must continue to file the FPDA report and make payment of tax due on that account with respect to annuity considerations received before January 1, 1987.

|                                                                             |          |
|-----------------------------------------------------------------------------|----------|
| 1. a. Amount of Direct Life Premiums Received, Cash or Notes, or Both ..... | \$ _____ |
| b. Amount of Direct Annuity Consideration .....                             | \$ _____ |
| c. Amount of Accident and Health Premiums .....                             | \$ _____ |
| d. SUBTOTAL of Direct Premiums .....                                        | \$ _____ |
| e. Flexible Payment Deferred Annuities Account: .....                       | \$ _____ |
| <b>Total Premiums</b> .....                                                 | \$ _____ |

2. Deductions from Direct Premiums: Life, Annuity, Accident and Health

|                                                                                                                                                 |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| a. Dividends on Accident and Health Business .....                                                                                              | \$ _____ |
| b. Dividends Paid in Cash or Left on Deposit .....                                                                                              | \$ _____ |
| c. Dividends Applied to Pay Renewal Premiums .....                                                                                              | \$ _____ |
| d. Dividends Applied to Provide Paidup Additions or Shorten the<br>Endowment or Premium Paying Period (Must be included<br>in Item No. 1) ..... | \$ _____ |
| e. Retirement, Profit Sharing or Pension Plans (non-annuity) ....                                                                               | \$ _____ |
| f. Health Insurance Benefits (Losses) for employer groups and union<br>groups - per Group Accident & Health Loss Report on Page 7 ...           | \$ _____ |
| g. Exempt Annuity Consideration (line 1b) .....                                                                                                 | \$ _____ |
| h. _____ .....                                                                                                                                  | \$ _____ |
| i. _____ .....                                                                                                                                  | \$ _____ |
| <b>Total Deductions</b> .....                                                                                                                   | \$ _____ |

|                                      |          |
|--------------------------------------|----------|
| 3. Net Premiums Subject to Tax ..... | \$ _____ |
|--------------------------------------|----------|

|              |          |
|--------------|----------|
| COMPANY NAME | NAIC NO. |
|--------------|----------|

4. **2% Tax on Net Premiums** ..... \$ \_\_\_\_\_

| 5. <b>Credit allowed.</b> Photo-copies of receipts/cancelled checks must be attached to tax return. | Total Credit Available<br>For Current Year | Amount Deducted<br>On This Return |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|
| a. Income Tax (148.400 RSMo) .....                                                                  |                                            | \$ _____                          |
| b. Franchise Tax (148.400 RSMo) .....                                                               |                                            | \$ _____                          |
| c. Examination Fees (148.400 RSMo) .....                                                            | \$ _____                                   | \$ _____                          |
| d. Valuation Fees (148.400 RSMo) .....                                                              |                                            |                                   |
| e. Registration Fees (148.400 RSMo) .....                                                           |                                            | \$ _____                          |
| f. MO Health Insurance Pool (376.975 RSMo) .....                                                    | \$ _____                                   | \$ _____                          |
| g. Examination Fee Carryover (148.400 RSMo) .....                                                   |                                            | \$ _____                          |

6. **Net Tax to be carried forward to Line 13, Page 4** ..... \$ \_\_\_\_\_

|                                                                      |          |          |
|----------------------------------------------------------------------|----------|----------|
| 7. <b>Credits Allowed.</b> Attach Receipts. See #5 above.            |          |          |
| a. Personal Property Tax (148.400 RSMo) .....                        |          | \$ _____ |
| b. Missouri Life & Health Guaranty Assn. Credit (376.745 RSMo) ..... |          | \$ _____ |
| c. Affordable Housing (32.111 RSMo) .....                            | \$ _____ | \$ _____ |
| d. Neighborhood Development (32.105 RSMo) .....                      | \$ _____ | \$ _____ |
| e. Neighborhood Assistance (32.115 RSMo) .....                       | \$ _____ | \$ _____ |
| f. Infrastructure Development (100.286 RSMo) .....                   | \$ _____ | \$ _____ |
| g. Development and Reserve (100.286 RSMo) .....                      | \$ _____ | \$ _____ |
| h. Export Finance Funds (100.286 RSMo) .....                         | \$ _____ | \$ _____ |
| i. BUILD Business Development (100.850 RSMo) .....                   | \$ _____ | \$ _____ |
| j. Mo Bonds Guarantee (100.297 RSMo) .....                           | \$ _____ | \$ _____ |
| k. New or Expanded Business Facility (135.110 RSMo) .....            | \$ _____ | \$ _____ |
| l. Enterprise Zone/Urban Redevelopment (135.200 RSMo) .....          | \$ _____ | \$ _____ |
| m. Special Needs Child (135.327 RSMo) .....                          | \$ _____ | \$ _____ |
| n. Low Income Housing (135.352 RSMo) .....                           | \$ _____ | \$ _____ |
| o. Small Business Investment (135.403 RSMo) .....                    | \$ _____ | \$ _____ |
| p. Youth Opportunities (135.460 RSMo) .....                          | \$ _____ | \$ _____ |
| q. CAPCO Investment (135.500 RSMo) .....                             | \$ _____ | \$ _____ |
| r. Neighborhood Preservation (135.535 RSMo) .....                    | \$ _____ | \$ _____ |
| s. Rebuilding Communities (135.535 RSMo) .....                       | \$ _____ | \$ _____ |
| t. Transportation Development (135.545 RSMo) .....                   | \$ _____ | \$ _____ |
| u. Domestic Violence Shelters (135.550 RSMo) .....                   | \$ _____ | \$ _____ |
| v. Maternity Home Facilities (135.600 RSMo) .....                    | \$ _____ | \$ _____ |
| w. Film Production Investment (135.700 RSMo) .....                   | \$ _____ | \$ _____ |
| x. Historic Structure Rehabilitation (253.557 RSMo) .....            | \$ _____ | \$ _____ |
| y. Seed Capital/Innovations Investment (348.302 RSMo) .....          | \$ _____ | \$ _____ |
| z. Agricultural Utilization (348.430 RSMo) .....                     | \$ _____ | \$ _____ |
| aa. New Generation Cooperative Incentive (348.432 RSMo) .....        | \$ _____ | \$ _____ |
| bb. Redevelopment/Jobs Investment (447.708 RSMo) .....               | \$ _____ | \$ _____ |
| cc. Remediation (447.708 RSMo) .....                                 | \$ _____ | \$ _____ |
| dd. Demolition (447.708 RSMo) .....                                  | \$ _____ | \$ _____ |
| ee. Small Business Incubator (620.495 RSMo) .....                    | \$ _____ | \$ _____ |
| ff. New Enterprise Creation (620.650 RSMo) .....                     | \$ _____ | \$ _____ |
| gg. Qualified Research (620.1039 RSMo) .....                         | \$ _____ | \$ _____ |
| hh. Skills Development/Individual Job Training (620.1440 RSMo) ..... | \$ _____ | \$ _____ |
| ii. Mature Worker Childcare (620.1560 RSMo) .....                    | \$ _____ | \$ _____ |

8. **Net Missouri tax due (Round to nearest whole dollar)** ..... \$ \_\_\_\_\_

9. 2003 Quarterly Premium Tax Payments Made: ..... \$ \_\_\_\_\_

MISSOURI COMPANIES:

State amount of premium received in states where not licensed ... \$ \_\_\_\_\_

|              |                   |
|--------------|-------------------|
| COMPANY NAME | STATE OF DOMICILE |
|--------------|-------------------|

# **RETALIATORY COMPARISON (375.916 RSMo.)**

In order to compute the retaliatory tax due, the Missouri Department of Insurance requires that you file with this Department a tax return that a hypothetical Missouri Insurance company would be required to file in your state of incorporation. Complete the return using the amount and mix of premiums that you are writing in **Missouri**. This return is to accompany your Missouri tax return on March 1st.

The retaliatory portion of the Missouri tax return compares the aggregate burden which would be placed upon your company by the State of Missouri with the aggregate burden which would be placed by your state of incorporation upon a hypothetical Missouri company doing the same amount of business that your company is doing in Missouri. Include ALL taxes, license fees, assessments, etc. that would be payable by a Missouri company doing business in your state during 2003.

Agent information on line 4 should reflect the Insurance Producers Report you submitted to us on or before February 10, 2004. Please include the fees charge by your state for new appointments, terminations, and renewals in your state of incorporation column, see page 8.

Examination fees — If in your state of incorporation the insurer bears the cost of examinations, examination fees would be a burden upon a Missouri company operating in your state. Examination fees paid to the State of Missouri should be listed on line 10 in both the Missouri column and state of incorporation column. Alternatively, you may calculate the cost of examinations such as those which were conducted for your company operating in Missouri for a hypothetical Missouri company of a comparable size operating in your state of incorporation. This calculation should be based upon the number of man-hours required for the Missouri examination. This calculation, rather than the Missouri examination fee cost, may be listed on line 10 in the state of incorporation column. Should you choose to calculate the cost of examination for a hypothetical Missouri company operating in your state, you should show your calculations of this amount.

Foreign Life Insurance Companies — Your Annual Renewal Fees paid on July 1, 2003 were \$1,000.

**Please REPORT all taxes, fees, and assessments to which a Missouri company operating in your state would be subject.**

|                                                                                                   | State of<br>Missouri<br>Basis | State of<br>Incorporation<br>Basis |
|---------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| <b>READ INSTRUCTIONS CAREFULLY - ATTACH RECEIPTS</b>                                              |                               |                                    |
| 1. Filing Annual Statement .....                                                                  | \$ .....                      | \$ .....                           |
| 2. Filing Renewal Application for Certificate of Authority .....                                  | .....                         | .....                              |
| 3. Filing any other paper required to be filed - \$50 each .....                                  | .....                         | .....                              |
| 4. Agents: Missouri Appointments ..... @ your state's rate .....                                  | .....                         | .....                              |
| Missouri Terminations ..... @ your state's rate .....                                             | .....                         | .....                              |
| Total Missouri Renewals ..... @ your state's rate .....                                           | .....                         | .....                              |
| 5. Registration Fee (Secretary of State - \$45.00) .....                                          | .....                         | .....                              |
| 6. Valuation Fees .....                                                                           | .....                         | .....                              |
| 7. Municipal License Fees .....                                                                   | .....                         | .....                              |
| 8. Income Tax .....                                                                               | .....                         | .....                              |
| 9. Franchise Tax .....                                                                            | .....                         | .....                              |
| 10. Examination Fees .....                                                                        | .....                         | .....                              |
| 11. Other (List) .....                                                                            | .....                         | .....                              |
| .....                                                                                             | .....                         | .....                              |
| .....                                                                                             | .....                         | .....                              |
| 12. Other Taxes (Specify) .....                                                                   | XXXXXXXXXXXXXX                | .....                              |
| .....                                                                                             | XXXXXXXXXXXXXX                | .....                              |
| .....                                                                                             | XXXXXXXXXXXXXX                | .....                              |
| 13. Premium Tax, (MO column from Line 6, Page 3) .....                                            | .....                         | .....                              |
| <b>14. TOTAL TAXES, LICENSES AND FEES .....</b>                                                   | (a) .....                     | (b) .....                          |
| 15. Retaliatory Tax Amount [Subtract Line 14 (a) from Line 14 (b)] Round to nearest whole dollar. |                               | \$ .....                           |
| 16. 2003 Quarterly Retaliatory Tax Payments Made: .....                                           | \$ .....                      |                                    |

|              |          |
|--------------|----------|
| COMPANY NAME | NAIC NO. |
|--------------|----------|

**CREDITS FOR GUARANTY ASSOCIATION ASSESSMENTS**

Credits for Missouri Life and Health Insurance Guaranty Association assessments begin the year after the year of assessment.

Only class B assessments made by the Missouri Life and Health Guaranty Association are deductible from premium tax at 20% for five years.

You must include copies of your certificates of contribution for guaranty association credit. Please list credits under appropriate year and type; do not combine assessments.

Please complete the following information to support the credit amount shown on line 7b. for premium tax credit.

| ASSESSMENT YEAR | ASSESSMENT AMOUNT | PERCENT | CREDIT |
|-----------------|-------------------|---------|--------|
| 1998 ANNUITY    |                   | 20%     |        |
| 1998 HEALTH     |                   | 20%     |        |
| 1998 LIFE       |                   | 20%     |        |
| 1999 ANNUITY    |                   | 20%     |        |
| 1999 HEALTH     |                   | 20%     |        |
| 1999 LIFE       |                   | 20%     |        |
| 2000 ANNUITY    |                   | 20%     |        |
| 2000 HEALTH     |                   | 20%     |        |
| 2000 LIFE       |                   | 20%     |        |
| 2001 ANNUITY    |                   | 20%     |        |
| 2001 HEALTH     |                   | 20%     |        |
| 2001 LIFE       |                   | 20%     |        |
| 2002 ANNUITY    |                   | 20%     |        |
| 2002 HEALTH     |                   | 20%     |        |
| 2002 LIFE       |                   | 20%     |        |
| <b>TOTAL</b>    |                   |         |        |

**REPORT OF FLEXIBLE PAYMENT DEFERRED ANNUITIES UNDER REGULATION 20 CSR 200-3.010**

| COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | NAIC NO. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| <p>The 1986 Missouri Legislature amended Section 148.390 RSMo. to exempt all annuities written and renewals collected after January 1, 1987 from Missouri premium tax.</p> <p>However, companies who have deferred payment of tax on flexible payment deferred annuities under Regulation 20 CSR 200-3.010 prior to January 1, 1987 will still be required to pay the tax on amounts in the FPDA account until the account has been reduced to zero. DO NOT ADD ADDITIONAL ANNUITY PREMIUMS TO THIS ACCOUNT BUT DO CONTINUE TO ADD DIVIDENDS AND INTERESTS EARNED TO THESE AMOUNTS IN THE 'FROZEN' ACCOUNT.</p> <p>If you wish to pay tax on the entire account balance, please state that this is your intention and report the entire account balance on line 1e.</p> <p>Show NONE if you did not utilize Regulation 20 CSR 200-3.010.</p>                                                                                                                                                                                                                                                                                                                                                                                                                    |    |          |
| Amount of funds in flexible payment deferred annuity account as of December 31, 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ |          |
| <b>PLUS</b> Interests and dividends earned on above amount during 2003 (See Note 1 below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ | *a       |
| <b>LESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |          |
| Amount of flexible payment deferred annuities (plus interests and dividends) annuitized during 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ | *        |
| Cash surrender values returned during 2003 (Note 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ | *b       |
| Annuity premium returned 2003 (Note 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ | *b       |
| Funds applied to administrative costs during 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ | *        |
| Balance in flexible payment deferred annuities account. (This will be your beginning balance to be shown on your 2004 annuity report.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ |          |
| * These amounts should be included on line 1e of the 2003 tax return. a This amount should be shown on line 2h as annuity deferred.<br>b These amounts should be shown on line 2i as returned annuity premium.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |          |
| <b>NOTE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |          |
| <p>1. Interest and dividends earned on flexible payment deferred annuity account balance as of December 31, 2002 for calendar year 2003.</p> <p>2. Cash surrender values returned during 2003 (funds upon which interest and dividends were added and administrative costs charged)</p> <p>3. Returned flexible payment deferred annuity premium returned during 2003 (funds upon which no interest or dividends were added and no administrative charges made. Usually held by company for short time period.)</p> <p>THIS REPORT PERTAINS ONLY TO YOUR MISSOURI FLEXIBLE PAYMENT DEFERRED ANNUITIES FOR WHICH YOU HAVE ELECTED TO USE REGULATION 20 CSR 200-3.010 TO DELAY PAYMENT OF PREMIUM TAX ON THE ACCOUNT AS OF DECEMBER 31, 1986 AND UPDATED THROUGH DECEMBER 31, 2003.</p> <p>Report all annuities received by your company during 2003 including flexible premium deferred annuities, on line 1 b of your premium tax return. Revisions of section 148.390 RSMo. exempts all annuities written and all renewals collected after January 1, 1987 from Missouri premium tax. Deduct these amounts on line 2 g of the Missouri tax return.</p> <p>If you have any questions call the Missouri Department of Insurance at 573-522-2563 or 526-4986.</p> |    |          |

|                 |          |
|-----------------|----------|
| NAME OF COMPANY | NAIC NO. |
|-----------------|----------|

## GROUP ACCIDENT AND HEALTH LOSS REPORT

| 1<br>LINE OF BUSINESS                         | 2<br>DIRECT PREMIUM<br>WRITTEN | 3<br>DIRECT PREMIUM<br>EARNED | 4<br>DIVIDENDS PAID<br>OR CREDITED | 5<br>DIRECT LOSSES<br>PAID | 6<br>DIRECT LOSSES<br>INCURRED |
|-----------------------------------------------|--------------------------------|-------------------------------|------------------------------------|----------------------------|--------------------------------|
| <b>24. Group Accident and Health Policies</b> |                                |                               |                                    |                            |                                |
| 1. EMPLOYER GROUPS                            |                                |                               |                                    |                            |                                |
| 2. UNION GROUPS                               |                                |                               |                                    |                            |                                |
| 3. MULTIPLE<br>EMPLOYER TRUSTS                |                                |                               |                                    |                            |                                |
| 4. ASSOCIATION<br>GROUPS                      |                                |                               |                                    |                            |                                |
| 5. FICTITIOUS<br>GROUP TRUSTS                 |                                |                               |                                    |                            |                                |
| 6. BLANKET GROUPS                             |                                |                               |                                    |                            |                                |

Section 148.390 RSMo., allows health benefits paid “for the benefit of some or all of the employees of one or more employers or for the benefit of the members of a union or unions, whether or not such benefits are payable through a trustee” to be deducted from the gross amount of premiums received on those policies. This deduction does not include all group business. Only lines 1, 2 and 3 above will be considered for benefit deductions.

- 1) Employer groups - the master policy is issued to the employer and the coverage extends to employees of that employer or employees of recognized subsidiaries of the employer.
- 2) Union groups - the master policy is issued to the Union Board of Directors or a designated trustee. Coverage extends to dues paying members of the trade or labor union.
- 3) Multiple Employers Trusts - the group exists under a trust agreement. The trustee holds the master policy and certificates of coverage are issued to employees of small employers. Usually the employer will be a business with five (5) or less employees. Such trusts may have numerous small businesses participating in the insurance plan.
- 4) Association groups - this group consists of dues paying members of a recognized association. The association has by-laws and exists for reasons other than obtaining insurance.
- 5) Fictitious group trusts - this group has no real nexus and is used only for the purpose obtaining or distributing insurance. The master policy is issued to a trustee pursuant to a contract with the underwriting insurer. Certificates are then issued to any individual who applies to the trust for insurance.
- 6) Blanket groups - a blanket policy is issued to a single policyholder. The policy insures all individuals meeting the eligibility requirements set out in the policy. The insurer may not receive a name list of insureds. The group consists only of the class subject to the hazard insured against in the policy. (i.e. student accident, sports teams, scout troops.)

Not all policies reported on line 24 of the annual statement Missouri page 30 have benefits paid that are eligible under section 148.390 RSMo. Only benefits payments “on policies or contracts providing health insurance benefits for the benefit of some or all of the employees of one or more employers or for the benefit of the members of a union or unions” are eligible for section 148.390 credit. For example, benefits paid under credit disability and disability income (benefit payments are not health insurance benefits) are not eligible for section 148.390 credit.

|              |          |
|--------------|----------|
| COMPANY NAME | NAIC NO. |
|--------------|----------|

**AGENTS REPORT**

Complete according to Insurance Producers Report filed with us on or before February 10.

Amounts reported here should be reported on line 4 of page 4.

- 1) Agent appointments made during 2003 in Missouri . . . . . January 1 - December 31 \_\_\_\_\_
- 2) Agents terminated during 2003 in Missouri . . . . . January 1 - December 31 \_\_\_\_\_
- 3) Total agents licensed in Missouri as of December 31, 2003 . . . . . \_\_\_\_\_

If your state of domicile would charge a Missouri company an annual renewal fee for agents licensed, report the total agents at the fee charged by your state of domicile for the renewal of these licenses on line 4 in the state of incorporation column. If your state of domicile charges a Missouri company only for new appointments, report the agent appointments on line 1 above at the fee charged by your state of domicile on line 4 in the state of incorporation column. If your state charges for agent terminations, report the number of terminations on line 2 at the fee charged by your state.

Please explain the method of calculation of your agent fees shown on line 4, page 4.

**RECEIPT SCHEDULE**

Attach the following receipt schedule to copies of receipts in order to support credits taken for items shown on page 2, page 3 and page 4.

|                  |              |                    |
|------------------|--------------|--------------------|
| <u>DATE PAID</u> | <u>PAYEE</u> | <u>AMOUNT PAID</u> |
|------------------|--------------|--------------------|



## **STAPLE HERE**

Attach the following behind the Missouri tax return:

- hypothetical state of domicile tax return completed using your Missouri business
- copies of receipts for all tax credits
- copies of your annual statement Missouri page, a copy of your Page 30 Supplement, and a copy of your annual statement Schedule T.

Complete your state of domicile tax return on the basis of your Missouri business as if you were a Missouri domiciled company doing business in your state. All assessments, fees, and taxes which would be charged a Missouri company should be included for retaliatory purposes. If information required to complete your state of incorporation return is not available until a later date (i.e. NY CT-33, IL Corporate Income & Replacement Income) please complete and file as soon as possible.





